

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

McKinley for Congress

ADDRESS (number and street) ▼

PO Box 642



Check if different than previously reported. (ACC)

Morgantown

WV

26507

2. FEC IDENTIFICATION NUMBER ▼

C

C00473132

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

WV

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2015

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Samuel Stone

Signature of Treasurer Samuel Stone

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 48

Write or Type Committee Name

McKinley for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	91615.37	499568.53
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	91615.37	499568.53
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	62162.53	323301.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	62162.53	323301.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	602211.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	415000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 48

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

McKinley for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

5000.00

163450.00

(ii) Unitemized.....

115.37

3351.52

(iii) TOTAL of contributions from individuals ▶

5115.37

166801.52

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

86500.00

332767.01

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

91615.37

499568.53

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

91615.37

499568.53

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 48

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	62162.53	323301.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	38000.00	81000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	100162.53	404301.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	610758.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	91615.37
25. SUBTOTAL (add Line 23 and Line 24).....	702373.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	100162.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	602211.45

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
MR. DAVID B. ALVAREZ

Mailing Address **446 LOCUST DR**

City	State	Zip Code
BRIDGEPORT	WV	26330-1662

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEC CONSTRUCTION

Occupation
OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

10 / 16 / 2015

Transaction ID : **SA11.8808**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STUART F. BLOCH

Mailing Address **4000 WATER ST.**

City	State	Zip Code
WHEELING	WV	26003-4354

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAZLETT, BURT & WATSON

Occupation
EXECUTIVE VP

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

12 / 31 / 2015

Transaction ID : **SA11.8881**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEFFREY MACKINNON

Mailing Address **1634 I ST NW STE 1200**

City	State	Zip Code
WASHINGTON	DC	20006-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer
RYAN, MACKINNON, VASAPOLI & BERZOK L

Occupation
PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

11 / 03 / 2015

Transaction ID : **SA11.8828**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

MR. DENNIS E. MILLER**A.**

Mailing Address 34 SKYLINE DR

City

BUCKHANNON

State

WV

Zip Code

26201-8618

FEC ID number of contributing
federal political committee.

C

Name of Employer

CIVIL & ENVIRONMENTAL CONSULTANTS

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11.8807

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. DAVID MORRISON**B.**

Mailing Address 1401 AARON SMITH DRIVE

City

BRIDGEPORT

State

WV

Zip Code

26330-9644

FEC ID number of contributing
federal political committee.

C

Name of Employer

STEPTOE & JOHNSON

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11.8809

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. PHILIP ROSENTHAL**C.**

Mailing Address 7700 LEEDS MANOR CT.

City

FAIRFAX STATION

State

VA

Zip Code

22039-2340

FEC ID number of contributing
federal political committee.

C

Name of Employer

NATIONWIDE CREDIT CORP

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : SA11.8827

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

5000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 48

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress**A.** Full Name (Last, First, Middle Initial)
ACA INTERNATIONAL PAC

Mailing Address 509 2ND ST NE

City	State	Zip Code
WASHINGTON	DC	20002-7726

FEC ID number of contributing
federal political committee.**C** C00034785

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : SA11.8819

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ACTION COMM. FOR RURAL ELECTRIFICATION

Mailing Address 4301 WILSON BLVD

City	State	Zip Code
ARLINGTON	VA	22203-1867

FEC ID number of contributing
federal political committee.**C** C00002972

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11.8805

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ACTION COMM. FOR RURAL ELECTRIFICATION

Mailing Address 4301 WILSON BLVD

City	State	Zip Code
ARLINGTON	VA	22203-1867

FEC ID number of contributing
federal political committee.**C** C00002972

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.8872

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 8 OF 48

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

 NAME OF COMMITTEE (In Full)
McKinley for Congress
A. Full Name (Last, First, Middle Initial)
AK STEEL CORPORATION PAC

Mailing Address 9227 CENTRE POINTE DRIVE

City	State	Zip Code
WEST CHESTER	OH	45069-4822

FEC ID number of contributing federal political committee.

C C00290973

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

Transaction ID : SA11.8865

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AKSM UROLOGY PAC

Mailing Address 100 W 3RD AVE, STE 350

City	State	Zip Code
COLUMBUS	OH	43201-7205

FEC ID number of contributing federal political committee.

C C00489419

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Transaction ID : SA11.8829

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSN OF NURSE PRACTITIONERS PAC

Mailing Address PO BOX 12846

City	State	Zip Code
AUSTIN	TX	78711-2846

FEC ID number of contributing federal political committee.

C C00358903

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : SA11.8823

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

4500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

 NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF DERMATOLOGY ASSN. PAC(SKINPAC)

Mailing Address 1445 NEW YORK AVE NW, STE 800

 City
 WASHINGTON

 State
 DC

 Zip Code
 20005-2125

 FEC ID number of contributing
 federal political committee.

☒ C00359539

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

 5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

Transaction ID : SA11.8850

Amount of Each Receipt this Period

 2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF DERMATOLOGY ASSN. PAC(SKINPAC)

Mailing Address 1445 NEW YORK AVE NW, STE 800

 City
 WASHINGTON

 State
 DC

 Zip Code
 20005-2125

 FEC ID number of contributing
 federal political committee.

☒ C00359539

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

 5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

Transaction ID : SA11.8861

Amount of Each Receipt this Period

 500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF ENGINEERING COS PAC

Mailing Address 1015 15TH ST NW

 City
 WASHINGTON

 State
 DC

 Zip Code
 20005-2605

 FEC ID number of contributing
 federal political committee.

☒ C00010868

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

 4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2015

Transaction ID : SA11.8814

Amount of Each Receipt this Period

 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

 4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN CHEMISTRY COUNCIL PAC

Mailing Address 700 2ND ST NE

City	State	Zip Code
WASHINGTON	DC	20002-8100

FEC ID number of contributing federal political committee. **C** C00252338

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		23		2015

Transaction ID : SA11.8832

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF ENGINEERING COS PAC

Mailing Address 1015 15TH ST NW

City	State	Zip Code
WASHINGTON	DC	20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		08		2015

Transaction ID : SA11.8838

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF PHYSICIANS SERVICES PAC (ACP SERVICES PA

Mailing Address 25 MASSACHUSETTS AVE NW STE 700

City	State	Zip Code
WASHINGTON	DC	20001-7401

FEC ID number of contributing federal political committee. **C** C00403881

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Transaction ID : SA11.8852

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress**A.** Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOC PAC

Mailing Address 1891 PRESTON WHITE DR

City	State	Zip Code
RESTON	VA	20191-4326

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		21		2015

Transaction ID : SA11.8860

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITALS ASSOC. PAC

Mailing Address 325 7TH ST NW STE 700

City	State	Zip Code
WASHINGTON	DC	20004-2801

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)Election Cycle-to-Date
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		18		2015

Transaction ID : SA11.8831

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOC. PAC

Mailing Address 1505 PRINCE ST STE 300

City	State	Zip Code
ALEXANDRIA	VA	22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)Election Cycle-to-Date
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Transaction ID : SA11.8847

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

AMERICAN PHARMACISTS ASSOCIATION PAC

Mailing Address 2215 CONSTITUTION AVE NW

City
 WASHINGTON

State Zip Code
 DC 20037-2907

FEC ID number of contributing
 federal political committee.

C C00193854

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 10 13 2015

Transaction ID : SA11.8802

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN SPEECH-LANGUAGE-HEARING ASSN PAC

Mailing Address 2200 RESEARCH BLVD

City
 ROCKVILLE

State Zip Code
 MD 20850-3289

FEC ID number of contributing
 federal political committee.

C C00210666

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 12 21 2015

Transaction ID : SA11.8858

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC

Mailing Address 1061 AMERICAN LANE

City
 SCHAUMBURG

State Zip Code
 IL 60173-4973

FEC ID number of contributing
 federal political committee.

C C00255752

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y
 12 31 2015

Transaction ID : SA11.8869

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 48

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress**A.** Full Name (Last, First, Middle Initial)
CARDINAL HEALTH INC. PAC

Mailing Address 7000 CARDINAL PL

City	State	Zip Code
DUBLIN	OH	43017-1091

FEC ID number of contributing
federal political committee.**C** C00332833

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		08		2015

Transaction ID : SA11.8839

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHEVRON EMPLOYEES PAC

Mailing Address P.O. BOX 6016

City	State	Zip Code
SAN RAMON	CA	94583-0716

FEC ID number of contributing
federal political committee.**C** C00035006

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		28		2015

Transaction ID : SA11.8863

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COLLEGE OF AMERICAN PATHOLOGISTS PACMailing Address 1350 I STREET, NW
SUITE 590

City	State	Zip Code
WASHINGTON	DC	20005-3305

FEC ID number of contributing
federal political committee.**C** C00274944

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.8873

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

4500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION PAC

Mailing Address 1701 JOHN F KENNEDY BLVD

City	State	Zip Code
PHILADELPHIA	PA	19103-2833

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer	Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : SA11.8821

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COMMITTEE ON LETTER CARRIERS PAC

Mailing Address 100 INDIANA AVE NW

City	State	Zip Code
WASHINGTON	DC	20001-2144

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer	Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11.8801

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COX ENTERPRISES PAC

Mailing Address 975 F ST. NW, STE. 300

City	State	Zip Code
WASHINGTON	DC	20004-1459

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer	Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Transaction ID : SA11.8830

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 48

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
DOMINION POLITICAL ACTION COMMITTEE

Mailing Address **ONE JAMES RIVER PLAZA, 20TH FLOOR**
P.O. BOX 26666

City **RICHMOND** State **VA** Zip Code **23261-6666**

FEC ID number of contributing federal political committee. **C C00108209**

Name of Employer _____ Occupation _____

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify) _____

Election Cycle-to-Date
 _____ **6500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : SA11.8812

Amount of Each Receipt this Period

_____	-1000.00
-------	-----------------

CONTRIBUTION

CHECK RETURNED BY BANK

B. Full Name (Last, First, Middle Initial)
DOMINION POLITICAL ACTION COMMITTEE

Mailing Address **ONE JAMES RIVER PLAZA, 20TH FLOOR**
P.O. BOX 26666

City **RICHMOND** State **VA** Zip Code **23261-6666**

FEC ID number of contributing federal political committee. **C C00108209**

Name of Employer _____ Occupation _____

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify) _____

Election Cycle-to-Date
 _____ **6500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : SA11.8813

Amount of Each Receipt this Period

_____	-1500.00
-------	-----------------

CONTRIBUTION

CHECK RETURNED BY BANK

C. Full Name (Last, First, Middle Initial)
DOMINION POLITICAL ACTION COMMITTEE

Mailing Address **ONE JAMES RIVER PLAZA, 20TH FLOOR**
P.O. BOX 26666

City **RICHMOND** State **VA** Zip Code **23261-6666**

FEC ID number of contributing federal political committee. **C C00108209**

Name of Employer _____ Occupation _____

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify) _____

Election Cycle-to-Date
 _____ **6500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.8870

Amount of Each Receipt this Period

_____	1500.00
-------	----------------

CONTRIBUTION

_____	-1000.00
-------	-----------------

-------	--

SUBTOTAL of Receipts This Page (optional)**TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 48

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress**A.** Full Name (Last, First, Middle Initial)
DOMINION POLITICAL ACTION COMMITTEEMailing Address **ONE JAMES RIVER PLAZA, 20TH FLOOR**
P.O. BOX 26666City State Zip Code
RICHMOND VA 23261-6666FEC ID number of contributing
federal political committee. **C C00108209**

Name of Employer Occupation

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)Election Cycle-to-Date
6500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.8871

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DRIVE PACMailing Address **25 LOUISIANA AVE NW**City State Zip Code
WASHINGTON DC 20001-2130FEC ID number of contributing
federal political committee. **C C00032979**

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)Election Cycle-to-Date
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : SA11.8820

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN PACMailing Address **2980 FAIRVIEW PARK DR.**City State Zip Code
FALLS CHURCH VA 22042-4511FEC ID number of contributing
federal political committee. **C C00088591**

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)Election Cycle-to-Date
6000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA11.8810

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**5000.00**

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 48

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for CongressFull Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN PAC

Mailing Address 2980 FAIRVIEW PARK DR.

City	State	Zip Code
FALLS CHURCH	VA	22042-4511

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)Election Cycle-to-Date
6000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA11.8811

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
EXXON MOBIL CORP. PAC

Mailing Address 5959 LAS COLINAS BLVD

City	State	Zip Code
IRVING	TX	75039-4202

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)Election Cycle-to-Date
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : SA11.8818

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
GENERAL MOTORS PAC

Mailing Address 25 MASSACHUSETTS AVE NW STE 400

City	State	Zip Code
WASHINGTON	DC	20001-1427

FEC ID number of contributing federal political committee. **C** C00076810

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.8876

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
HEALTHCARE DISTRIBUTION MANAGEMENT ASSOC. PAC (HDMA PAC)

Mailing Address 901 N. GLEBE ROAD, SUITE 1000

City	State	Zip Code
ARLINGTON	VA	22203-1854

FEC ID number of contributing federal political committee.

C C00247569

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		13		2015

Transaction ID : SA11.8803

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HOLOGIC GEN-PROBE PAC

Mailing Address 10210 GENETIC CENTER DRIVE

City	State	Zip Code
SAN DIEGO	CA	92121-4362

FEC ID number of contributing federal political committee.

C C00405100

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Transaction ID : SA11.8853

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
INSTITUTE OF MAKERS OF EXPLOSIVE PAC

Mailing Address 1120 19TH ST, NW
STE 310

City	State	Zip Code
WASHINGTON	DC	20036-3614

FEC ID number of contributing federal political committee.

C C00135590

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		08		2015

Transaction ID : SA11.8844

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 48

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION OF OPERATING ENGINEERS PAC

Mailing Address 1125 SEVENTEENTH STREET, NW

City State Zip Code
WASHINGTON DC 20036-4709

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt

M M / D D / Y Y Y Y
10 16 2015

Transaction ID : SA11.8806

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES PAC

Mailing Address 7234 PARKWAY DR.

City State Zip Code
HANOVER MD 21076-1307

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt

M M / D D / Y Y Y Y
12 28 2015

Transaction ID : SA11.8864

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOC OF FIREFIGHTERS PAC

Mailing Address 1750 NEW YORK AVE NW

City State Zip Code
WASHINGTON DC 20006-5305

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt

M M / D D / Y Y Y Y
12 31 2015

Transaction ID : SA11.8866

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

9000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
KELLEY DRYE & WARREN, LLP PAC

Mailing Address 3050 K ST NW STE 400

City	State	Zip Code
WASHINGTON	DC	20007-5100

FEC ID number of contributing federal political committee.

C C00301929

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11.8867

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MCKESSON CORPORATION EMPLOYEES POLITICAL FUND

Mailing Address 1 POST ST, 34TH FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94104-5238

FEC ID number of contributing federal political committee.

C C00108035

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 08 2015

Transaction ID : SA11.8840

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MOLINA HEALTHCARE PAC

Mailing Address 200 OCEANGATE
SUITE 100

City	State	Zip Code
LONG BEACH	CA	90802-4317

FEC ID number of contributing federal political committee.

C C00430256

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 03 2015

Transaction ID : SA11.8825

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 48

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
MYLAN INC PAC

Mailing Address **700 6TH STREET, NW, SUITE 525**

City **WASHINGTON** State **DC** Zip Code **20001-5537**

FEC ID number of contributing federal political committee. **C C00332395**

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt

12 / 14 / 2015

Transaction ID : **SA11.8846**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NAT'L ASSOC. OF HEALTH UNDERWRITERS PAC

Mailing Address **P.O. BOX 20865**

City **INDIANAPOLIS** State **IN** Zip Code **46220-0865**

FEC ID number of contributing federal political committee. **C C00283135**

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

12 / 31 / 2015

Transaction ID : **SA11.8875**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS PAC

Mailing Address **1325 MASSACHUSETTS AVE NW**

City **WASHINGTON** State **DC** Zip Code **20005-4171**

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt

10 / 16 / 2015

Transaction ID : **SA11.8804**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

 NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF BROADCASTERS PAC

Mailing Address 1771 N ST NW

City

WASHINGTON

State

DC

Zip Code

20036-2800

FEC ID number of contributing
federal political committee.

C C00009985

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		21		2015

Transaction ID : SA11.8859

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATIONAL AIR TRAFFIC CONTROLLERS PAC

Mailing Address 1325 MASSACHUSETTS AVE NW

City

WASHINGTON

State

DC

Zip Code

20005-4171

FEC ID number of contributing
federal political committee.

C C00238725

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.8877

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATIONAL BEER WHOLESALERS ASSOC. PAC

Mailing Address 1101 KING ST, STE 600

City

ALEXANDRIA

State

VA

Zip Code

22314-2965

FEC ID number of contributing
federal political committee.

C C00144766

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.8868

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOC. PAC (NCTA PAC)

Mailing Address **25 MASSACHUSETTS AVE NW STE 100**

City	State	Zip Code
WASHINGTON	DC	20001-1434

FEC ID number of contributing
federal political committee.

C C00010082

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2015

Transaction ID : SA11.8815

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE PAC

Mailing Address **P.O. BOX 619911**

City	State	Zip Code
DALLAS	TX	75261-9911

FEC ID number of contributing
federal political committee.

C C00140061

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 21 / 2015

Transaction ID : SA11.8857

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
NATIONAL STONE SAND GRAVEL ASSOC ROCKPAC

Mailing Address **1605 KING ST**

City	State	Zip Code
ALEXANDRIA	VA	22314-2726

FEC ID number of contributing
federal political committee.

C C00089458

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11.8878

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 48

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for CongressFull Name (Last, First, Middle Initial)
OB-GYN PAC THE MULTI-CANDIDATE COMMITTEE OF THE AMERICAN CON

Mailing Address 409 12TH ST SW

City	State	Zip Code
WASHINGTON	DC	20024-2125

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2015

Transaction ID : SA11.8862

Amount of Each Receipt this Period

1000.00
CONTRIBUTIONFull Name (Last, First, Middle Initial)
PAC OF THE AMERICAN ASSOC. OF ORTHOPAEDIC SURGEONS(AAOS)

Mailing Address 317 MASSACHUSETTS AVE. NE

City	State	Zip Code
WASHINGTON	DC	20002-5769

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.8879

Amount of Each Receipt this Period

1000.00
CONTRIBUTIONFull Name (Last, First, Middle Initial)
PAC- ARCELORMITTALMailing Address 1808 EYE STREET NW
5TH FLOOR

City	State	Zip Code
WASHINGTON	DC	20006-5416

FEC ID number of contributing federal political committee. **C** C00104109

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : SA11.8849

Amount of Each Receipt this Period

1000.00
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
PATRIOT COAL CORPORATION PAC

Mailing Address 500 LEE ST E, STE 900

City	State	Zip Code
CHARLESTON	WV	25301-3203

FEC ID number of contributing federal political committee.

C C00452524

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 02 / 2015

Transaction ID : SA11.8817

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
POLSINELLI PAC

Mailing Address 1401 EYE STREET, NW
SUITE 800

City	State	Zip Code
WASHINGTON	DC	20005-2295

FEC ID number of contributing federal political committee.

C C00445981

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 08 / 2015

Transaction ID : SA11.8843

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
QUEST PAC

Mailing Address 1401 K STREET, NW
SUITE 803

City	State	Zip Code
WASHINGTON	DC	20005-

FEC ID number of contributing federal political committee.

C C00329185

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2015

Transaction ID : SA11.8816

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
RENAL PHYSICIANS ASSOCIATION PAC (RPAPAC)

Mailing Address 1700 ROCKVILLE PIKE STE. 220

City	State	Zip Code
ROCKVILLE	MD	20852-1631

FEC ID number of contributing
federal political committee.

C C00409391

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11.8851

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REPUBLICAN MAIN STREET PAC

Mailing Address 1220 L STREET NW, STE. 100-263

City	State	Zip Code
WASHINGTON	DC	20005-4018

FEC ID number of contributing
federal political committee.

C C00165159

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 03 / 2015

Transaction ID : SA11.8822

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RITE AID PAC

Mailing Address 30 HUNTER LANE

City	State	Zip Code
CAMP HILL	PA	17011-2400

FEC ID number of contributing
federal political committee.

C C00104083

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 03 / 2015

Transaction ID : SA11.8826

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 48

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress**A.** Full Name (Last, First, Middle Initial)
THE WILLIAMS COMPANIES, INC. PAC

Mailing Address 1627 I ST NW STE 900

City	State	Zip Code
WASHINGTON	DC	20006-4057

FEC ID number of contributing
federal political committee.**C** C00040394

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2015

Transaction ID : SA11.8848

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TIME WARNER CABLE FEDERAL PACMailing Address 901 F STREET, NW
SUITE 800

City	State	Zip Code
WASHINGTON	DC	20004-1477

FEC ID number of contributing
federal political committee.**C** C00431551

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : SA11.8824

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
UNITED MINE WORKERS OF AMERICA PACMailing Address 18354 QUANTICO GATEWAY DR.
STE. 200

City	State	Zip Code
TRIANGLE	VA	22172-1779

FEC ID number of contributing
federal political committee.**C** C00013342

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

Transaction ID : SA11.8841

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 48

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)
UNITED MINE WORKERS OF AMERICA PAC

Mailing Address 18354 QUANTICO GATEWAY DR.
STE. 200

City State Zip Code
TRIANGLE VA 22172-1779

FEC ID number of contributing
federal political committee.

C C00013342

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

6000.00

Date of Receipt

M M / D D / Y Y Y Y
12 08 2015

Transaction ID : SA11.8842

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

86500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

A. MR. TYLER HENRY

Mailing Address 22302 KOEHLER DR

City	State	Zip Code
MORGANTOWN	WV	26508

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.I1639

B. MR. TYLER HENRY

Mailing Address 22302 KOEHLER DR

City	State	Zip Code
MORGANTOWN	WV	26508

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.I1650

C. MR. TYLER HENRY

Mailing Address 22302 KOEHLER DR

City	State	Zip Code
MORGANTOWN	WV	26508

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.I1659

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

300.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

A. AMY MCKINLEY

Mailing Address 3204 ILLINOIS LN

City	State	Zip Code
BELLINGHAM	WA	98226

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.I1641

B. AMY MCKINLEY

Mailing Address 3204 ILLINOIS LN

City	State	Zip Code
BELLINGHAM	WA	98226

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.I1649

C. AMY MCKINLEY

Mailing Address 3204 ILLINOIS LN

City	State	Zip Code
BELLINGHAM	WA	98226

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.I1658

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

A. AMY MCKINLEY

Mailing Address 3204 ILLINOIS LN

City	State	Zip Code
BELLINGHAM	WA	98226

Purpose of Disbursement
SEE MEMO ENTRY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

54.75

Transaction ID : SB17.I1667

B. USPS

Mailing Address 2501 CHAPLINE ST

City	State	Zip Code
WHEELING	WV	26003

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

54.75

Transaction ID : SB17.I1668

[MEMO ITEM]

C. MARY MCKINLEY

Mailing Address 147 BETHANY PIKE

City	State	Zip Code
WHEELING	WV	26003

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

5122.30

Transaction ID : SB17.I1673

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5177.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

A. LATER ALLIGATOR

Mailing Address 2145 MARKET ST

City	State	Zip Code
WHEELING	WV	26003

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

216.00

Transaction ID : SB17.I1679

[MEMO ITEM]**B. THE CONGRESSIONAL INSTITUTE**

Mailing Address 1700 DIAGONAL RD STE 730

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
CONFERENCE FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

1370.00

Transaction ID : SB17.I1675

[MEMO ITEM]**C. THE GREENBRIER**

Mailing Address 300 W MAIN ST

City	State	Zip Code
WHITE SULPHUR SPRI	WV	24986

Purpose of Disbursement
EVENT CATERING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

1713.92

Transaction ID : SB17.I1676

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

--

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

A. U.S. HOUSE GIFT SHOP

Mailing Address LONGWORTH BUILDING

City	State	Zip Code
WASHINGTON	DC	20515

Purpose of Disbursement
DONOR GIFTS: ORNAMENTS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

1320.00

Transaction ID : SB17.I1674

[MEMO ITEM]**B. THOMAS MIDANEK**

Mailing Address 5000 HAMPTON CENTER, STE 3

City	State	Zip Code
MORGANTOWN	WV	26505

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2015

Amount of Each Disbursement this Period

365.00

Transaction ID : SB17.I1654

C. AT&T

Mailing Address 208 S AKARD ST

City	State	Zip Code
DALLAS	TX	75202

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2015

Amount of Each Disbursement this Period

111.00

Transaction ID : SB17.I1656

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

365.00

--

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

A. NATION BUILDER

Mailing Address 448 S HILL ST, STE 200

City	State	Zip Code
LOS ANGELES	CA	90013

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2015

Amount of Each Disbursement this Period

254.00

Transaction ID : SB17.I1655

[MEMO ITEM]**B. THOMAS MIDANEK**

Mailing Address 5000 HAMPTON CENTER, STE 3

City	State	Zip Code
MORGANTOWN	WV	26505

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

182.50

Transaction ID : SB17.I1662

C. AT&T

Mailing Address 208 S AKARD ST

City	State	Zip Code
DALLAS	TX	75202

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

55.50

Transaction ID : SB17.I1664

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

182.50

--

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

A. NATION BUILDER

Mailing Address 448 S HILL ST, STE 200

City	State	Zip Code
LOS ANGELES	CA	90013

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 07 / 2015

Amount of Each Disbursement this Period

127.00

Transaction ID : SB17.I1663

[MEMO ITEM]**B. BB&T**

Mailing Address 300 S WASHINGTON ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 21 / 2015

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.I1642

C. BB&T

Mailing Address 300 S WASHINGTON ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 23 / 2015

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.I1652

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

40.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

McKinley for Congress

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 300 S WASHINGTON ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Disbursement this Period

19.50

Transaction ID : SB17.I1653

B. BB&T

Mailing Address 300 S WASHINGTON ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.I1672

C. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2015

Amount of Each Disbursement this Period

1364.15

Transaction ID : SB17.I1645

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1403.65

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

A. CAROLE GOEAS & ASSOCIATES

Mailing Address 1707 PRINCE ST #5

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2015

Amount of Each Disbursement this Period

9861.14

Transaction ID : SB17.I1638

B. CAROLE GOEAS & ASSOCIATES

Mailing Address 1707 PRINCE ST #5

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

Amount of Each Disbursement this Period

5935.46

Transaction ID : SB17.I1657

C. CAROLE GOEAS & ASSOCIATES

Mailing Address 1707 PRINCE ST #5

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

2298.25

Transaction ID : SB17.I1669

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

18094.85

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL SYSTEMS, INC.

Mailing Address 12450 AUTOMOBILE BLVD

City	State	Zip Code
CLEARWATER	FL	33762

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
12 / 01 / 2015

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I1660

B. JONES DAYMailing Address PO BOX 7805
BEN FRANKLIN STATION

City	State	Zip Code
WASHINGTON	DC	20044

Purpose of Disbursement
LEGAL FEES

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
12 / 16 / 2015

Amount of Each Disbursement this Period

2285.00

Transaction ID : SB17.I1670

C. MAI & ASSOCIATES LLC

Mailing Address 901 N MONROE ST APT 1306

City	State	Zip Code
ARLINGTON	VA	22201

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 28 / 2015

Amount of Each Disbursement this Period

5522.88

Transaction ID : SB17.I1646

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8707.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

A. MAI & ASSOCIATES LLC

Mailing Address 901 N MONROE ST APT 1306

City	State	Zip Code
ARLINGTON	VA	22201

Purpose of Disbursement
CAMPAIGN STRATEGY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2015

Amount of Each Disbursement this Period

5500.00

Transaction ID : SB17.I1647

[MEMO ITEM]**B. MAI & ASSOCIATES LLC**

Mailing Address 901 N MONROE ST APT 1306

City	State	Zip Code
ARLINGTON	VA	22201

Purpose of Disbursement
CAMPAIGN STRATEGY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2015

Amount of Each Disbursement this Period

5500.00

Transaction ID : SB17.I1651

C. MAI & ASSOCIATES LLC

Mailing Address 901 N MONROE ST APT 1306

City	State	Zip Code
ARLINGTON	VA	22201

Purpose of Disbursement
CAMPAIGN STRATEGY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

5500.00

Transaction ID : SB17.I1671

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

A. NATION BUILDER

Mailing Address 448 S HILL ST, STE 200

City	State	Zip Code
LOS ANGELES	CA	90013

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

94.15

Transaction ID : SB17.I1644

B. PAYPAL

Mailing Address 2211 N 1ST ST

City	State	Zip Code
SAN JOSE	CA	95131

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2015

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.I1643

C. PAYPAL

Mailing Address 2211 N 1ST ST

City	State	Zip Code
SAN JOSE	CA	95131

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2015

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.I1648

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

154.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)

A. PAYPAL

Mailing Address 2211 N 1ST ST

City	State	Zip Code
SAN JOSE	CA	95131

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

4585.03

Transaction ID : SB17.I1666

B. PROFESSIONAL DATA SERVICES, INC.

Mailing Address 824 S MILLEDGE AVE, STE 101

City	State	Zip Code
ATHENS	GA	30605

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

4555.03

Transaction ID : SB17.I1640

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4585.03

62010.11

SCHEDULE C (FEC Form 3)
LOANS

PAGE 43 OF 48

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LS10311.C1095

McKinley for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

David McKinley

[PERSONAL FUNDS]

Election:

☐ Primary☐ General☒ Other (specify) ▼

Primary 2010

Mailing Address

23 Stamm Ln

City

State

ZIP Code

Wheeling

WV

26003-5542

Original Amount of Loan

100000.00

Cumulative Payment To Date

85000.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 31 / 2010

Date Due

M M / D D / Y Y Y Y

On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

15000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 44 OF 48

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
McKinley for Congress

Transaction ID : Ls10311.C1097

LOAN SOURCE Full Name (Last, First, Middle Initial)

David McKinley

[PERSONAL FUNDS]

Election:

☐ Primary☐ General☒ Other (specify) ▼

Primary 2010

Mailing Address
23 Stamm Ln

City

State

ZIP Code

Wheeling

WV

26003-5542

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y
04 / 21 / 2010

Date Due

M M / D D / Y Y
On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 45 OF 48

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
McKinley for Congress

Transaction ID : LS10311.C1098

LOAN SOURCE Full Name (Last, First, Middle Initial)

David McKinley

[PERSONAL FUNDS]

Election:

☐ Primary☐ General☒ Other (specify) ▼

Primary 2010

Mailing Address
23 Stamm Ln

City

State

ZIP Code

Wheeling

WV

26003-5542

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M / D / Y
04 / 30 / 2010

Date Due

M / D / Y
On Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 46 OF 48

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LS10311.C1100

McKinley for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

David McKinley

[PERSONAL FUNDS]

Election:

☐ Primary☐ General☒ Other (specify) ▼

General 2010

Mailing Address

23 Stamm Ln

City

State

ZIP Code

Wheeling

WV

26003-5542

Original Amount of Loan

150000.00

Cumulative Payment To Date

100000.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y
06 / 30 / 2010

Date Due

M M / D D / Y Y
On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 47 OF 48

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
McKinley for Congress

Transaction ID : LS10311.C1101

LOAN SOURCE Full Name (Last, First, Middle Initial)

David McKinley

[PERSONAL FUNDS]

Election:

☐ Primary☐ General☒ Other (specify) ▼

General 2010

Mailing Address

23 Stamm Ln

City

State

ZIP Code

Wheeling

WV

26003-5542

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 30 / 2010

Date Due

M M / D D / Y Y Y Y
On Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

150000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 48 OF 48

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
McKinley for Congress

Transaction ID : LS10311.C1103

LOAN SOURCE Full Name (Last, First, Middle Initial)

David McKinley

[PERSONAL FUNDS]

Election:

☐ Primary☐ General☒ Other (specify) ▼

General 2010

Mailing Address

23 Stamm Ln

City

State

ZIP Code

Wheeling

WV

26003-5542

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y
10 / 26 / 2010

Date Due

M M / D D / Y Y
On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

415000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.